

Express Mail No.: EV 447411061 US

PATENT

Date Deposited: August 25, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Paul H. Weigel, et al.

) Conf. No.: 4696

Serial No.: 09/469,200

) Examiner: R. Wax

Filed: 12/21/1999

) Group Art Unit: 1653

For: HYALURONAN SYNTHASE
GENE AND USES THEREOF

) Atty. Dkt. No.: 35541.011

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to Examiner Wax's Notice of Drawing Inconsistency With Specification dated August 13, 2004, Applicant hereby amends the above-referenced application as follows:

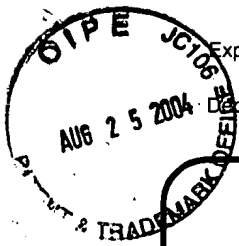
Amendments to the Specification begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

08-26-04

B

B



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Deposited on: August 25, 2004

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/469,200
Filing Date	12/21/1999
First Named Inventor	Paul H. Weigel, et al.
Group Art Unit	1653
Examiner Name	R. Wax
Attorney Docket Number	35541.011

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See remarks below:
Remarks 1. Transmittal Form (1 page); 2. Fee Transmittal (1 page); 3. Fee Determination Record (1 page); 4. Amendment for Notice of Drawing Inconsistency With Specification (4 pages); and 5. Postcard.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 Attn.: Douglas J. Sorocco, P. O. Box 16370, Oklahoma City, Oklahoma 73113
Signature	
Date	8-25-04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EV 447411061 US in an envelope addressed to the address below on this date: August 25, 2004

Typed or printed name	Douglas J. Sorocco, Reg. No. 43,145
Signature	
Date	8-25-04

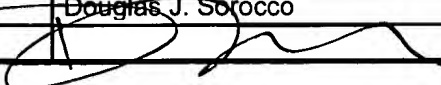
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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DATE RECEIVED FEE TRANSMITTAL for FY 2004 <small>Patent fees are subject to annual revision.</small> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Complete if Known	
	Application Number	09/469.200
	Filing Date	12/21/1999
	First Named Inventor	Paul H. Weigel, et al.
	Examiner Name	R. Wax
	Art Unit	1653
TOTAL AMOUNT OF PAYMENT (\$) 0		
Attorney Docket No. 35541.011		

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1700 Deposit Account Name: Dunlap, Codding & Rogers, P.C. Customer No. 30589 The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES			
1. BASIC FILING FEE		Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$) 0			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		Extra Claims		Fee from below	Fee Paid
Independent Claims		** =		X	\$0
Multiple Dependent		** =		X	\$0
					\$0
Large Entity	Small Entity			Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$) 0			
**or number previously paid, if greater; For Reissues, see above					
				Other fee (specify)	
				*Reduced by Basic Filing Fee Paid	
				SUBTOTAL (3)	(\$) 0

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Douglas J. Sorocco	Registration No. (Attorney/Agent)	43,145
Signature		Telephone	(405) 607-8600
		Date	08/25/2004

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Date Deposited: 08/25/2004

 PTO/SB/06 (08-00)
 Approved for use through 10/31/2002. OMB 0651-0032
 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

35541.011

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

RATE	FEE
	\$ 0
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL	0

RATE	FEE
	\$ 0
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL	0

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	14	Minus	** 59	= 0
Independent (37 CFR 1.16(b))	*	2	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 4					

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	560
TOTAL	560

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	1120
TOTAL	1120

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	15	Minus	** 59	=
Independent (37 CFR 1.16(b))	*	2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL	0

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	15	Minus	** 59	=
Independent (37 CFR 1.16(b))	*	2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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